

# Foster Family Home - Corrective Action Report

Provider ID: 1-623472

Home Name: Vivian Gamiao, CNA

Review ID: 1-623472-6

91-1092 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 5/19/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain RN  
Compliance Manager

[Signature]  
Primary Care Giver

5/19/2020  
Date

5/19/2020  
Date